

## **Application Data Sheet**

### **Application Information**

**Application Type::** Regular  
**Subject Matter::** Utility  
**Suggested classification::**  
**Suggested Group Art Unit::**  
**CD-ROM or CD-R?::** None  
**Computer Readable Form (CRF)?::** No  
**Title::** COMBINATION DRUG THERAPY FOR  
TREATING HYPERTENSION  
**Attorney Docket Number::** 028685-0104  
**Request for Early Publication?::** No  
**Request for Non-Publication?::** No  
**Suggested Drawing Figure::**  
**Total Drawing Sheets::** 5  
**Small Entity?::** No  
**Petition included?::** No  
**Secrecy Order in Parent Appl.?::** No

### **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Carl J.  
**Family Name::** Pepine  
**City of Residence::** Gainesville

**State or Province of Residence::** FL  
**Country of Residence::** US  
**Street of mailing address::** 6308 S.W. 37th Way  
**City of mailing address::** Gainesville

**State or Province of mailing address::** FL  
**Postal or Zip Code of mailing address::** 32608

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Eileen M.  
**Family Name::** Handberg  
**City of Residence::** Gainesville  
**State or Province of Residence::** FL  
**Country of Residence::** US  
**Street of mailing address::** 1410 N.W. 46th Terrace  
**City of mailing address::** Gainesville  
**State or Province of mailing address::** FL  
**Postal or Zip Code of mailing address::** 53205

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Rhonda M.  
**Family Name::** Cooper-DeHoff

**City of Residence::** Gainesville  
**State or Province of Residence::** FL  
**Country of Residence::** US  
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**City of mailing address::** Gainesville  
**State or Province of mailing address::** FL  
**Postal or Zip Code of mailing address::** 32653

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** German  
**Status::** Full Capacity  
**Given Name::** Peter S.  
**Family Name::** Zilles  
**City of Residence::** Lampertheim  
**Country of Residence::**  
**Street of mailing address::** Albrecht-Duerer Strasse 39  
68623 Lampertheim  
**Country of mailing address::** Germany

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** German  
**Status::** Full Capacity  
**Given Name::** Udo F.  
**Family Name::** Legler  
**City of Residence::** Landau/Pfalz  
**Country of Residence::**

**Street of mailing address::** An den Herrenqaekern 22a  
76829 Landau/Pfalz  
**Country of mailing address::** Germany

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Robert  
**Family Name::** Altman  
**City of Residence::** Wilmette  
**State or Province of Residence::** IL  
**Country of Residence::** US  
**Street of mailing address::** 433 Cedar Lane  
**City of mailing address::** Wilmette  
**State or Province of mailing address::** IL  
**Postal or Zip Code of mailing address::** 60091

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity  
**Given Name::** Jeff  
**Family Name::** Drajesk  
**City of Residence::** Burlington  
**State or Province of Residence::** WI  
**Country of Residence::** US  
**Street of mailing address::** 8343 Schaal Road  
**City of mailing address::** Burlington

**State or Province of mailing address::** WI

**address::**

**Postal or Zip Code of mailing address::** 53105

**address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** Azmi

**Family Name::** Nabulsi

**City of Residence::** Barrington

**State or Province of Residence::** IL

**Residence::**

**Country of Residence::** US

**Street of mailing address::** 184 River Road

**City of mailing address::** Barrington

**State or Province of mailing address::** IL

**address::**

**Postal or Zip Code of mailing address::** 60010

**address::**

**Applicant Authority Type::** Inventor

**Primary Citizenship Country::** US

**Status::** Full Capacity

**Given Name::** Laura

**Family Name::** Williams

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**State or Province of Residence::** IL

**Residence::**

**Country of Residence::** US

**Street of mailing address::** 1150 Hadley Circle

**City of mailing address::** Gurnee  
**State or Province of mailing address::** IL  
**Postal or Zip Code of mailing address::** 60031

### **Correspondence Information**

**Correspondence Customer Number::** 22428  
**E-Mail address::** PTOMailWashington@Foley.com

### **Representative Information**

<b>Representative Customer Number::</b>	22428	
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**Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	An application claiming the benefit under 35 USC 119(e)	60/459,563	04/01/2003

**Foreign Priority Information**

<b>Country::</b>	<b>Application number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>

**Assignee Information**

**Assignee name::** University of Florida Research Foundation, Inc.;  
Abbott Laboratories